

November 25, 2013

Subject: 1115 Waiver

As Co-Chairs of the Home Visiting Task Force of the Illinois Governor's appointed State Advisory Council, we appreciate the opportunity to provide comments in response to "The Path to Transformation: Concept Paper for an 1115 Waiver for Illinois Medicaid".

The concept paper rightly recognizes under Pathway 1, the importance of "a renewed emphasis on the social determinants of health", and under Pathway 3, the importance of "investing in evidence-based prevention and wellness-focused strategies". Early childhood home visiting programs, which pair at-risk families with trained professionals who provide vital information and support, have been demonstrated to improve the comprehensive health of children and their families by supporting parents' ability to provide a safe, supportive, and healthy early learning environment.

Illinois has long valued evidence-based home visiting programs as an effective and efficient strategy for improving the life trajectory of expectant and new families who are at risk for poor health, educational, economic and social outcomes by improving maternal and child health, reducing the risk of child abuse and neglect, improving self-sufficiency and increasing children's readiness for school. Over the past three decades, Illinois has reflected this value by developing a robust statewide home visiting system that cuts across agencies and funding streams, reaching from the highest levels of government to the providers on the ground. This system already includes community health workers, described under Pathway 3, which home visiting programs frequently use to provide doula and other outreach services. However, many more families are in need of these services.

We strongly urge you to consider including home visiting programs under the State's 1115 waiver application. For the reasons outlined below, we believe that accessing additional federal funding for home visiting through Medicaid will advance Pathway 1: HCBS Infrastructure, Coordination and Choice and Pathway 3: Population Health as articulated in the concept paper.

The Home Visiting Task Force

The Home Visiting Task Force (HVTF) is a standing committee of Illinois' Early Learning Council, which works with the Governor's Office to provide overall leadership in early childhood systems development. The HVTF is a diverse, collaborative group of nearly 200 members drawn from federal, state, and local governments; academia; representatives from national home visiting models; service providers; advocates; parents; and others. Long-term goals of the Task Force are to expand access to evidence-based home visiting programs for all at-risk children; improve the quality of home visiting services; and increase coordination between home visiting programs at the state and local level, as well as between home visiting and all other publicly-funded services for mothers, infants and toddlers. The HVTF serves as the advisory body for the federal Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) funded by the US Department of Health and Human Services. Since its creation in 2009, the Home Visiting Task Force has made great strides towards building a comprehensive, statewide system of high-quality home visiting programs.

Home Visiting and Health

The foundation of many of the skills and capabilities needed to succeed in adulthood begins in the first five years of life, with the prenatal period through the first three years of life being particularly critical. This critical period lays either a strong or fragile foundation for later health, cognitive and social-emotional development, and behavior. Babies born into environments with certain risk factors including poverty and domestic violence are more likely to experience poorer health, which results in negative health outcomes throughout their lives.

Just as the root of these challenges lies in the earliest years, so does the solution. Focusing on at-risk families during the most critical period of brain development, voluntary home visiting programs promote positive parenting practices and build healthy parent-child relationships, which makes them an essential strategy for reducing child abuse and neglect, improving health outcomes for mothers and

children, and increasing school readiness. National and Illinois-specific research studies show that high-quality evidence-based home visiting programs result in the following positive health outcomes for children and their families:

- Fewer subsequent pregnancies within two years, and longer birth intervals, both of which are important indicators in improved birth outcomes.
- Fewer birth complications for subsequent pregnancies.
- A trending reduction in admissions to neonatal intensive care units for subsequent births.
- Higher likelihood of children being fully immunized. According to the Centers for Disease Control and Prevention (CDC), every dollar spent on childhood immunizations results in a savings of \$18.40 from future medical and other societal costs.
- Lower incidence of children needing treatment for injuries.
- Increased rates of breastfeeding.
- More linkages to medical home and utilization of well-child visits. A study published in the July 2001 issue of *Pediatrics* found that the likelihood of avoidable hospitalizations was reduced by 48% for Medicaid children who were up to date with well child visits. A 2003 cost analysis related to this study conducted by the University of Washington found that this reduction in hospitalization resulted in an annual Medicaid savings of at least \$591, 893.
- Reduced risk for child maltreatment due to the promotion of positive parenting skills.

Medicaid Funding for Home Visiting

If Illinois were to include home visiting programs in the services covered under the 1115 Medicaid waiver, it would be joining the growing ranks of states that fund home visiting services via Medicaid. Michigan, Minnesota, Montana, Ohio, and Oklahoma are among the states that are implementing this innovative financing strategy to pay for home visiting. Some of these states have integrated Medicaid reimbursement for home visiting services into managed care, and combination

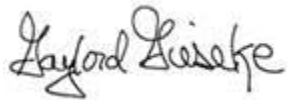
managed care and fee-for-service systems. Services reimbursed include transportation to and from home visits, parenting education, screenings, family plan development, and assessments.

Conclusion

Thank you again for the opportunity to provide comments on the State's 1115 Medicaid waiver. For the reasons outlined above, we strongly believe that including home visiting programs under the new services provided under the waiver will advance the State's healthcare redesign goals, particularly Pathway 1: HCBS Infrastructure, Coordination and Choice and Pathway 3: Population Health. As the Illinois Public Health Association stated in its recent testimony to the Illinois State Board of Education: "Investment in early childhood development is a public health strategy. Our children's health is the future wealth of our society."

If you have any questions or would like additional information on anything mentioned in these comments, please do not hesitate to contact us as you weigh your decision.

Sincerely,



Gaylord Gieseke
Co-Chair, Home Visiting Task Force
President, Voices for Illinois Children



Diana Rauner
Co-Chair, Home Visiting Task Force
President, Ounce of Prevention Fund